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Case No. _____

Dept. No. _____

The undersigned hereby affirms that
this document does not contain the
social security number of any person.

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CHURCHILL

Plaintiff

vs

**MOTION FOR REVIEW AND
MODIFICATION OF CHILD SUPPORT**

Defendant,

_____ / _____

I, _____, in proper person, hereby move this Court to
(Your name)
review and modify, or adjust, the child support obligation in this matter.

To the best of my knowledge, the last order that was entered for child support in this
matter was entered on _____ in Case No. _____.

The names, ages and birthdates of the children involved in this Motion are:

Child's Name

Child's Birthdate

My child support _____, currently paid through the district Attorney's Office.
(Is or is not)

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A hearing regarding this matter _____ requested.
(is or is not)

(If a hearing is requested, please explain, in detail, why you feel a hearing is necessary).

I am requesting that a hearing be set in this matter because: _____

STATE OF NEVADA)
) ss:
COUNTY OF _____)

I, _____, being first duly sworn, under penalties of perjury, state
(Your name)
that I have read this document and that the contents are true and correct of my own personal
knowledge and belief.

Date: _____

(Signature)

(Print name)

(Address)

(Telephone Number)

SUBSCRIBED and SWORN to before me

This ____ day of _____, _____.

NOTARY PUBLIC

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IMPORTANT

YOU HAVE BEEN SERVED WITH A LEGAL MOTION TO CHANGE OR CLARIFY AN ORDER, TO RECONSIDER AN ORDER, TO TAKE ACTION OR FOR OTHER REASONS.

IF YOU DO NOT FILE A WRITTEN RESPONSE TO THIS MOTION WITHIN A CERTAIN TIME, THE COURT MAY MAKE RULINGS AGAINST YOUR INTERESTS IN THIS CASE.

If you were served by mail, you have thirteen (13) days from the postmarked date on the envelope in which to file a written response with the Court.

If you were served in person, you have ten (10) days from the date of service in which to file a written response with the Court.

Your response must be filed with the Court Clerk's office located at 73 N. Maine Street, Suite B, Fallon, NV 89406, on the second floor. There may be a filing fee to file your response. You can contact the Court Clerk's office at (775) 423-6088 or go to the Court's website at www.churchillcounty.org to view the fee schedule.

If you have any questions on how to file a response to this Motion, contact a private attorney.

1 Case No.:

2 Department No.:

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6 **IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA,**
7 **IN AND FOR THE COUNTY OF CHURCHILL**
8

9 _____,

10 Plaintiff,

11 vs.

12 _____,

13 Defendant.

GENERAL FINANCIAL DISCLOSURE
FORM

14 The judge uses this form to understand the financial position of the Plaintiff and the
15 Defendant. You must fill this form out completely and truthfully.

16 **A. Personal Information:**

- 17 1. What is your full name? (first, middle, last) _____
18 2. How old are you? _____
19 3. What is your date of birth? _____
20 4. What is your occupation? _____
21 5. What is your highest level of education? _____

22 **B. Employment Information:** (check one)

- 23 1. Are you currently employed?
24 No
25 Yes If yes, what is the name of your employer? _____
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Date of Hire	Employer Name	Job Title	Work Schedule (days)	Work Schedule (Shift times)

2. Are you disabled? (check one)
- No
- Yes If yes, what is your level of disability? _____
- What agency certified you disabled? _____
- What is the nature of your disability? _____

3. Prior Employment: If you are unemployed or have been working at your current job for less than 2 years, complete the following information
- Prior Employer: _____
- Date of Hire: _____
- Date of Termination: _____
- Reason for Leaving: _____

C. Attorney Information: Complete the following sentences:

1. An Attorney (*has/has not*) _____ been retained on my behalf for this case.
2. As of today, the attorney has been paid a total of \$ _____ on my behalf.
3. I have a credit with my attorney in the amount of \$ _____
4. I currently owe my attorney a total of \$ _____
5. I owe my prior attorney at total of \$ _____

Section 1: Personal Income

Before you can complete the next section you need to figure out your frequency. Your pay frequency is determined by the number of times you are paid each month.

Pay Frequency Table

1.00 = Paid one time per month

2.00 = Paid two times per month

2.17 = Paid every two weeks

4.00 = Paid every week

A. Year-to-Date Income.

As of the pay period ending _____

My Gross year to date pay is _____

B. Fill in the line that applies to you. Only complete line 1 OR line 2.

Line #	Income Question	Amount Earned		Number of Hours Worked Per Week		Pay Frequency (1.00, 2.00, 2.17, or 4.00)		Monthly Income
1	I am paid a hourly wage in the amount of	\$	X		X		=	
2	I am paid a base salary in the amount of	\$		N/A				

C. File in the amount of money you receive each month for the following types of income:

Line #	Income Question	Amount Received Monthly
3	Annuity or Trust Income	\$
4	I regularly work overtime and each month earn an average of	\$
5	I receive bonuses, commissions, or tips in the amount of	\$
6	I receive a car, gas, housing, or other allowance in the amount of	\$
7	I receive spousal support in the amount of	\$
8	I receive social security in the amount of	\$
9	I receive social security disability in the amount of	\$
10	I receive workman's compensation benefits in the amount of	\$
11	I receive unemployment benefits in the amount of	\$
12	I receive pension or retirement income in the amount of	\$
13	I receive net rental income in the amount of	\$
14	I receive income from other sources in the amount of	\$
15	Total Income Received (add lines 3-14)	\$

D. Total monthly income from all sources:

16	Total From Line 1 OR 2	\$
17	Total From Line 15	\$
18	Total Gross Monthly Income (add lines 16-17)	\$

Section 2: Personal Deductions

A. Fill in the amount of money that is take out of every paycheck for each of the following deductions:

Line #	Name of Deduction	Amount Deducted Monthly
19	Court Ordered Child Support is deducted from every paycheck in the amount of	\$
20	Federal Income Tax is deducted from every paycheck in the amount of	\$
21	Social Security Tax is deducted from every paycheck in the amount of	\$
22	Medicare is deducted from every paycheck in the amount of	\$
23	Union Dues are deducted from every paycheck in the amount of	\$
24	Health Insurance Cost is deducted from every paycheck in the amount of	\$
25	Life, Disability, or Other Insurance Premiums are deducted from every paycheck in the amount of	\$
26	Federal health Savings Plan contribution is deducted from every paycheck in the amount of	\$
27	Retirement, pension, IRA or 401(k) contributions are deducted from every paycheck in the amount of	\$
28	Savings are deducted from every paycheck in the amount of	\$
29	Other:	\$
30	Other:	\$
31	Total Monthly Deductions (add lines 19-30)	\$

Section 3: Income Summary

Line #		
32	Total from Line 18	\$
33	Total from Line 31	\$
	Net Monthly Income (subtract line 33 from line 32)	\$

Section 4: Business/Self-Employment Income & Expense Schedule

A. What is your average gross monthly income/revenue from self-employment of business?
 \$_____.

B. Business Expenses: Attach an additional page if needed.

Type of Business Expense	Frequency	Amount	12 Month Average
Advertising			
Car and truck used for business			
Commissions, wages or fess			
Business Entertainment/Travel			
Insurance			
Legal and Professional			
Mortgage or Rent			
Other: (type of expense)			
Pension and profit-sharing plans			
Repairs and maintenance			
Supplies			
Taxes and Licenses			
Utilities			

Section 5: Child Information

A. Fill in the table below with the name and date of birth of each of your children, parent the child is living with, and whether the child is from this marriage or relationship?

Child's Name	Child's Date of Birth	Whom is child living with? (Mom, Dad, or Both)	Is this child from this relationship?	Has this child been certified as special needs/disabled?
1 st				
2 nd				
3 rd				
4 th				
5 th				

B. Fill in the table below with the amount of money you spend each month on the following expenses for the children.

	Children's Expenses	1 st Child	2 nd Child	3 rd Child	4 th Child	5 th Child
1	Child Care	\$	\$	\$	\$	\$
2	Clothes, Shoes and Accessories	\$	\$	\$	\$	\$
3	Unreimbursed Medical Expenses	\$	\$	\$	\$	\$
4	Telephone and Internet	\$	\$	\$	\$	\$
5	Entertainment	\$	\$	\$	\$	\$
6	Food	\$	\$	\$	\$	\$
7	Insurance (other than health)	\$	\$	\$	\$	\$
8	Education Related Expenses	\$	\$	\$	\$	\$
9	Summer Camp/Programs	\$	\$	\$	\$	\$
10	Vehicle	\$	\$	\$	\$	\$
11	Transportation Cost for Visitation	\$	\$	\$	\$	\$
12	Total Monthly Expenses for Children (add lines 1-10)	\$	\$	\$	\$	\$

C. Fill in the table below with the names, ages, and the amount of money contributed by all persons living in the home over the age of eighteen. If more than 4 adult household members attached a separate sheet.

Name	Age	Person's Relationship to You (i.e. sister, friend, cousin, etc...)	Monthly Contribution

Section 6: Personal Expenses: Fill in the table with the amount of money you spend each month on the following expenses and check whether you pay the expense for you, for the other party, or for both of you.

Expense	Monthly Amount of Expense	For Me	For the Other Party	For Both
Home				
Mortgage/Rent/Lease	\$			
Property Taxes	\$			
HOA	\$			
Home Owner's Insurance	\$			
Lawn Care	\$			
Pest Control	\$			
Pool Service	\$			
Security	\$			
Other	\$			
Utilities				
Water	\$			
Electric	\$			
Gas	\$			
Sewer	\$			
Home Phone	\$			
Internet/Cable	\$			
Other	\$			
Medical				
Health Insurance	\$			
Unreimbursed Medical Expenses	\$			
Other	\$			
Transportation				

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Car Loan/Lease Payment	\$			
Fuel	\$			
Auto Insurance	\$			
Other	\$			
Personal				
Food (groceries and restaurants)	\$			
Pets	\$			
Cell Phone	\$			
Membership Fees	\$			
Clothing, Shoes, etc...	\$			
Dry Cleaning	\$			
Other	\$			
Debts				
Credit Card Payments	\$			
Child Support	\$			
Alimony/Spousal Support	\$			
Student Loans	\$			
Other	\$			
Total Monthly Expenses	\$			

Section 7: Asset and Debt Chart

A. Complete the chart below by listing all assets and debts, the value of each, the amount owed on each, and whose name the asset or debt is under (You, the Other Party, or Both)

Line#	Description of Asset or Debt	Gross Value		Total Amount Owed		Net Value	Whose Name is on the Account? (Me, the Other Party or Both)
1		\$	-	\$	=	\$	
2		\$	-	\$	=	\$	
3		\$	-	\$	=	\$	
4		\$	-	\$	=	\$	
5		\$	-	\$	=	\$	
6		\$	-	\$	=	\$	
7		\$	-	\$	=	\$	
8		\$	-	\$	=	\$	
9		\$	-	\$	=	\$	
10		\$	-	\$	=	\$	
11		\$	-	\$	=	\$	
12		\$	-	\$	=	\$	
13		\$	-	\$	=	\$	
14		\$	-	\$	=	\$	
15		\$	-	\$	=	\$	
16		\$	-	\$	=	\$	
17		\$	-	\$	=	\$	
18		\$	-	\$	=	\$	
19		\$	-	\$	=	\$	
20		\$	-	\$	=	\$	
Total Value of Assets (add lines 1-20)		\$	-	\$	=	\$	

B. Complete this Chart by listing all of your unsecured debt, the amount owed on each account, and whose name the debt is under. If more than 5 unsecured debts, attach a separate sheet.

Line #	Description of Credit Card or Other unsecured Debt	Total Amount owed	Whose Name is on the Account? You, Your Spouse/Domestic Partner or Both
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
Total Unsecured Debt (add lines 1-5)		\$	

IMPORTANT: Read the following paragraph carefully.

I am the (*check one*) Plaintiff Defendant in the above action. I swear or affirm under penalty of perjury that I have read and followed all instructions in completing this Financial Disclosure Form. I understand that, by my signature, I guarantee the truthfulness of the information on this Form. I also understand that if I knowingly make false statements, I may be subject to punishment, including contempt of court.

Your Signature

Date

CERTIFICATE OF SERVICE

The undersigned hereby certifies that they are 18 years of age or older, and on this date served a true and correct copy of the document/s entitled: _____

(Clearly list all documents you served on the other party)

In the following way: *(check the appropriate blank, and fill in the appropriate information)*

IF THE DOCUMENTS WERE SERVED BY MAIL:

_____ by placing a copy enclosed in a sealed envelope upon which first class postage was fully prepaid

_____ by placing a copy enclosed in a sealed envelope and mailing it certified, return receipt requested

The envelope was addressed to:

(Name) _____ at

(Address) _____

And that there is regular communication by mail between the place of mailing and the place addressed.

IF THE DOCUMENTS WERE PERSONALLY SERVED:

_____ by personally serving:

(Name) _____ at

(Address) _____

DATED: This ____ day of _____, _____.

(Signature of person who performed service)

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Case No.

Dept. No.

The undersigned hereby affirms that
this document does not contain the
social security number of any person.

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CHURCHILL

Plaintiff,

v.

REPLY TO OPPOSITION TO MOTION

Defendant.

_____ /

I, _____, in proper person, responds to the
(Your name)

Opposition filed by _____ on _____ as follows:
(Name of other party) (date Opposition filed)

(State very specifically your reply to the other party's response or opposition.)

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*If you need more space, you may attach additional sheets of paper.
Be sure to write only on one side of the sheet.*

I, _____ request a hearing on this matter.
(do or do not)

If a hearing is requested, please state why you feel a hearing is necessary:

Date: _____

(Print Name)

(Signature)

(Address)

(Telephone number)

CERTIFICATE OF SERVICE

The undersigned hereby certifies that they are 18 years of age or older, and on this date served a true and correct copy of the document/s entitled: _____

(Clearly list all documents you served on the other party)

In the following way: *(check the appropriate blank, and fill in the appropriate information)*

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The envelope was addressed to:

(Name) _____ at

(Address) _____

And that there is regular communication by mail between the place of mailing and the place addressed.

IF THE DOCUMENTS WERE PERSONALLY SERVED:

_____ by personally serving:

(Name) _____ at

(Address) _____

DATED: This ____ day of _____, _____.

(Signature of person who performed service)

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Case No. _____

Dept. No. _____

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IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CHURCHILL

_____,
Plaintiff

vs.

REQUEST FOR SUBMISSION

_____,
Defendant

_____ /

I, _____, the _____ in this matter,
(Your Name) (Plaintiff or Defendant)

request the _____ filed on _____
(Title of Document you want submitted to the Court) (Date document filed)

in this case be submitted to the Judge for consideration and determination.

Dated: _____

Your Signature: _____
Name (Printed): _____
Address: _____

Phone: _____

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Case No. _____

Dept. No. _____

The undersigned hereby affirms that
this document does not contain the
social security number of any person.

IN THE TENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CHURCHILL

_____,
Plaintiff

vs.

ORDER

_____,
Defendant

_____/

It appears to the satisfaction of the Court from the Motion _____
(Name of Motion)

_____, filed on _____, and the Court hereby finds,
(Date Motion filed)

and good cause appearing,

IT IS HEREBY ORDERED that (*note exactly what you want the Court to Order.*)

Dated: This _____ day of _____, _____.

DISTRICT COURT JUDGE